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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 22-0010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

December 16, 2022

Heidi Hedberg, Acting Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503-7167

Re: Alaska State Plan Amendment (SPA) AK-22-0010

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK-22-0010. This amendment updates preventive services, vision services, and therapy services to include physical therapy, occupational therapy, and speech-language therapy in the Alaska State Plan consistent with section 2713 of the Patient Protection and Affordable Care Act, 42 CFR § 440.130, and 45 CFR § 147.130. Additionally, the state updates the definition of habilitation and rehabilitation for these therapies consistent with federal regulations.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 22-0010 is approved December 16, 2022, with effective October 1, 2022.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at Maria.Garza@cms.hhs.gov.

Sincerely,

[redacted]
Digitally signed by James G. Scott -S
Date: 2022.12.16 15:45:58 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Emily Ricci, Deputy Commissioner, Department of Health
Courtney King, State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22 — 0010
2. STATE: AK
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.110; 440.40; 440.347(7); 440.225

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ (22,892,900)
b. FFY 2025 $ (22,892,900)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A pages 24, 24a, 24b, 24c, and 24d **(NEW)**
Attached Sheet to Attachment 3.1-A pages 1b, 2, 4.4, & 4a.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A pages 24, 24a, 24b, and 24c
Attached Sheets to Attachment 3.1-A pages 1b, 2, 4.4, & 4a

9. SUBJECT OF AMENDMENT
This SPA revises coverage parameters for vision services, therapies services, and preventive services. (The amounts reflected in box #6 are projected federal savings but the form restricts input to numbers and will not allow the use of parentheses)

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
/s/

12. TYPED NAME
Albert E. Wall

13. TITLE
Medicaid Director & Deputy Commissioner

14. DATE SUBMITTED
October 6, 2022

15. RETURN TO
Courtney O'Byrne King, MS
c/o Department of Health Commissioner's Office
3601 C street, Suite 902
Anchorage, AK 99503

courtney.king@alaska.gov

FOR CMS USE ONLY

16. DATE RECEIVED
October 6, 2022

17. DATE APPROVED
December 16, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]
Digitally signed by James G. Scott -S
Date: 2022.12.16 15:46:34 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
10.31.21 - P&I change authorized to Box 7 adding (NEW) and Box 6 to reflect savings

Instructions on Back

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

11.a-d Physical therapy, occupational therapy, and speech pathology/audiology services.
(See Attachment 3.1-A, pages 24a – 24d for limitations of each service type.)

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

Limitations to Services

11.a. Physical Therapy

Physical therapy services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(a). Physical therapists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(h). Physical therapy assistants, meeting the requirements of 42 CFR 484.115(i) and enrolled as rendering providers for physical therapists, may provide services if they meet Alaska licensure requirements.

Physical therapy services are either

(1) Habilitative - limited to forms of treatment to help a beneficiary attain, maintain, or improve for daily living.

(2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Maintenance physical therapy services related to conditions caused by developmental disabilities or developmental delay to a recipient under twenty-one (21) years of age are covered subject to a determination of medical necessity prior authorized by Alaska Medicaid or its designee.

Except for the initial evaluation, physical therapy services must be provided by or under the direction of a physical therapist enrolled in Alaska Medicaid and provided in accordance with the initial evaluation and the treatment plan developed by the enrolled physical therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCs) or the CPT Fee Schedule.

Alaska Medicaid excludes from coverage the following services for beneficiaries twenty-one (21) years of age or older: swimming therapy, physical fitness, or weight loss. Services provided by a physical therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

Limitations to Services

11.b. Occupational Therapy

Occupational therapy services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440(b). Occupational therapists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(f). Occupational therapy assistants, meeting the requirements of 42 CFR 484.115(g) and enrolled as rendering providers for occupational therapists, may provide services if they meet Alaska licensure requirements.

Occupational therapy services are

(1) Habilitative – limited to forms of treatment intended to help a beneficiary attain, maintain, or improve skills and functioning for daily living.

(2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Maintenance occupational therapy services related to conditions caused by developmental disabilities or developmental delay provided to a recipient under twenty-one (21) years of age are covered subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

Except for the initial evaluation, occupational therapy services must be in accordance with an initial evaluation conducted by an enrolled occupational therapist and a treatment plan developed by the enrolled occupational therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule.

Alaska Medicaid excludes from coverage the following services for an individual twenty-one (21) years of age or older: swimming therapy or weight loss. Services provided by an occupational therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

Limitations to Services

11.c. Speech, Hearing, and Language Disorders

Speech pathology and audiology services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. Services are provided in accordance with 42 CFR 440.110(c). Speech-language pathologists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(n). Audiologists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(b). Speech-language pathology assistants enrolled as rendering providers for speech-language pathologists may provide services if registered and meet Alaska requirements.

Speech, hearing, and language disorder services are either

(1) Habilitative – limited to forms of treatment intended to help a beneficiary attain, maintain, or improve skills and functioning for daily living.

(2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Except for the initial evaluation, all speech pathology/audiology services must occur according to an initial evaluation conducted, and a treatment plan developed, by an enrolled speech-language pathologist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule.

Before initiating treatment, the speech-language pathologist must conduct an initial evaluation of the recipient that includes

(1) an assessment of the recipient's significant past medical history;

(2) a diagnosis and prognosis, if established, and the extent to which the recipient is aware of the diagnosis and prognosis;

(3) the prescribing health care practitioner orders, if any;

(4) the treatment goals and potential for achievement;

(5) any contraindications; and

(6) a summary of any known prior treatment.

After conducting the initial evaluation, the speech-language pathologist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. The prescribing health care practitioners must sign the treatment plan no more than fourteen (14) days after treatment plan development or revisions to service levels.

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy

Limitations to Services

After the treatment plan is signed, the prescribing health care practitioner shall review and sign the treatment plan as often as the recipient's medical condition requires, or

(1) when the treatment plan is revised;

(2) no less than every six months for recipients under three (3) years of age;

(3) annually for recipients three years of age or older and under twenty-one (21) years of age;

(4) every six (6) weeks for recipients twenty-one (21) years of age or older.

The speech-language pathologist must record any changes made to the treatment plan in the recipient's clinical record.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

EPSDT Services, continued

The Alaska Medicaid Program allows for limited, interceptive, and comprehensive orthodontic treatment. Except for cases involving the treatment of a cleft palate, which is a specific type of orthodontic treatment, recipients of limited, interceptive, and comprehensive orthodontic treatment must not have a history of caries in the six months before starting treatment.

6) Emergency Hospital Services

Emergency hospital services, as defined in 42 CFR § 440.170(e), are covered for recipients under age 21.

7) Behavior Analysis Services

In accordance with 1905(a)(6), Alaska covers the services of a Licensed Behavior Analyst pursuant to their scope of practice within the state.

In accordance with 1905(a)(6), Alaska covers the services of a Licensed Assistant Board Certified Behavior Analyst (BCBA) pursuant to its scope of practice within the state.

In accordance with 1905(a)(6), Alaska covers the services of a Behavior Technician working under the supervision of a Licensed Behavioral Analyst pursuant to their scope of practice within the state. The Licensed Behavior Analyst bills for all Behavior Technician services furnished.

8) Vision Services

Medically necessary eye examinations, refractions, eyeglasses, and fitting fees are covered once per calendar year. The Medicaid agency may cover additional vision services subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

Eyeglasses are purchased for recipients under a competitively bid contract.

Medicaid recipients under twenty-one years of age receive vision services, including diagnosis and treatment of defects in vision and eyeglasses, in accordance with sections 1905(a)(4)(B) and 1905(r)(2) of the Social Security Act, subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

4. c. FAMILY PLANNING SERVICES: Fertility services not covered.

5. a. PHYSICIAN SERVICES: Physicians' services are provided in accordance with regulations at 42 CFR 440.50. A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered unless that procedure is medically necessary in the course of treatment for injury or illness and has been prior authorized by the medical review section of the division or its designee.

6. b. OPTOMETRIST SERVICES: Annual vision examinations and preventive services for individuals 21 years of age and older are provided to beneficiaries based on the calendar year, or when an attending ophthalmologist or optometrist finds health reasons for additional covered vision services. For recipients twenty-one (21) years of age and older, additional vision services in a calendar year are subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

6. d.1 DIRECT ENTRY MIDWIFE SERVICES: Direct entry midwife services are those services for the management of prenatal, intrapartum, and postpartum care that a direct-entry midwife is authorized to provide under the scope of practice of her state license.

6. d.2 In accordance with 42 CFR § 440.60, licensed and qualified pharmacists acting within their scope of practice as defined in state law. Pharmacists, pharmacy interns, and pharmacy technicians are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations. Qualified pharmacy interns and qualified pharmacy technicians are working under the supervision of a licensed pharmacist.

6. d.3 In accordance with 42 CFR § 440.60(a), the following licensed providers acting within their scope of practice as defined by state law: Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors.

6. d.4 In accordance with 42 CFR § 440.60(a), nurses are covered for services within their scope of practice in accordance with state law. Nurses are supervised by licensed physicians, physician assistants, and advanced practice registered nurses. The licensed practitioners assume professional responsibility for the services provided by the unlicensed practitioner, and the licensed practitioner bills for the service.

7. a-d. HOME HEALTH SERVICES: Home health services are offered in accordance with 42 CFR 440.70. Home health services must be ordered by the attending physician, nurse practitioner, or physician assistant operating within their scope of practice and must be prior authorized by the State Medicaid Agency or its designee. Medical supplies, equipment, and appliances include supplies, equipment, and appliances necessary for in-home dialysis.

   c. Equipment and appliances that require prior authorization by the State Medicaid Agency or its designee are listed in the provider manual.

Description of Service Limitations

12.c. **Prosthetic devices**

Prosthetic devices are provided when prescribed by a physician or other licensed practitioner operating within their scope of practice.

12.d. **Eyeglasses**

Medicaid recipients twenty-one (21) years of age and older may receive one complete pair of eyeglasses and a fitting per two calendar years without prior authorization. A recipient may obtain a two-year supply of contact lenses in lieu of glasses if determined medically necessary. A recipient may obtain an additional pair of glasses or an additional supply of contact lenses subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

The following vision products and services require prior authorization – based on medical necessity – from the Medicaid agency or its designee: ultraviolet coating, prism lenses, specialty lenses, specialty frames, and tinted lenses.

The department excludes the following vision products and services for Medicaid recipients twenty-one (21) years of age and older: aspherical lenses, progressive or no-line multi-focal lenses, vision therapy services, polarized lenses, and anti-reflective or mirror coating.

Eyeglasses are purchased for recipients under a competitively bid contract.

13. Diagnostic, Screening, Preventive, and Rehabilitative Services

Note: From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

13.a. **Diagnostic services** are provided in accordance with 42 CFR 440.130(a).

13.a.1 **Mammography coverage** is limited to diagnostic mammograms necessary to detect breast cancer.

13.b. **Screening mammograms** are covered at the age and frequency schedule of the American Cancer Society.

13.c. **Preventive Services**

Coverage and provider qualifications are in accordance with 42 CFR 440.130. Alaska Medicaid covers all preventive services described in 45 CFR 147.130, including

- Evidence-based items or services with an A or B rating by the United States Preventive Services Task Force (USPSTF);
- Immunizations for routine use in children, adolescents, and adults that are recommended by the Advisory Committee on Immunization Practices (ACIP) and listed on the current immunization schedules of the Centers for Disease Control and Prevention (CDC);
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings are provided based on the current guidelines in the American Academy of Pediatrics Bright Futures periodicity schedule for screenings and follow-up visits;

Description of Service Limitations

- With respect to women, evidence-informed preventive care and screenings are provided based on the contents of this section and the current Health Resources and Services Administration (HRSA) Women's Preventive Services guidelines; and
- Any qualifying coronavirus preventive service, which means an item, service, or immunization intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is, for the individual involved –
  - An evidenced-based item or service with a rating of A or B in the current recommendations of the USPSTF; or
  - An immunization recommended by ACIP and adopted by the Director of the CDC.
- Medically necessary vaccines per ACIP guidelines noted at https://www.cdc.gov/vaccines/hcp/acip-recs/index.html are covered for Alaska Medicaid recipients if unavailable at no cost to the provider
- Vaccines related to international travel are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

13.d. **Rehabilitative behavioral health disorder services** covered by Medicaid under the state plan are limited to the services listed in this section. For purposes of this section, behavioral health disorders include both mental health and substance use disorders. Services in this section are provided in accordance with 42 CFR 440.130(d)

To be eligible to provide Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be one of the following:

(1) **Community behavioral health services provider (CBHS)** - a provider approved by the Medicaid agency or its designee to provide behavioral health services;

A community behavioral health service provider agency must be an enrolled provider in good standing with the state and receiving reimbursement from the department; if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide general direction and direct clinical services as needed; must collect and report the statistics, service data, and other information requested by the department; must participate in the department's service delivery planning; must maintain a clinical record for each recipient; must have policies and procedures in place; may not deny treatment to an otherwise eligible recipient due to the recipient's inability to pay for the service; may not supplant local funding available to pay for behavioral health services or programs with money received under a grant-in-aid program; must be dual diagnosis capable program or dual diagnosis enhanced program; must ensure that all recipients have given informed consent; must report to the department any recipient who is missing or deceased; must submit to the department a record of a criminal history background check for each member of the provider's staff upon request.

(2) **Mental health professional clinician** - an individual who is working for an enrolled community behavioral health services provider who has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social (sentence *continued on the next page*)